

CAT ADOPTION QUESTIONNAIRE FORM

APPLICANTS MUST BE OVER THE AGE OF 18 YEARS



OFFICE USE	Temp Res	Full Res	Website
Res date	Date given to home checker	Home checkers name tel no.	FAIL
CATS NAME		BREED	Need work carried out
FEE £	DEPOSIT £	FEE LESS DEPOSIT £	PASS

£15.00 deposit required when full reserve is put on (non refundable)

DATE OF APPLICATION _____

TITLE _____	FORNAME _____	SURNAME _____
FULL ADDRESS _____		
_____		TOWN _____
_____		COUNTY _____
POST CODE _____	TEL NO _____	MOBILE _____
OCCUPATION _____		PARTNERS OCCUPATION _____
PART / FULL / SHIFT _____		PART / FULL / SHIFT _____

#DO YOU RECEIVE INCOME SUPPORT OR JOB SEEKERS ALLOWANCE _____

IS YOUR PROPERTY **OWNED / RENTED** IS IT **A HOUSE / FLAT / OTHER** _____ (CIRCLE)

#DO YOU HAVE YOUR LANDLORDS PERMISSION TO OWN A CAT _____ Written Letter Required

#DO YOU HAVE DIRECT ACCESS TO A GARDEN _____ **PRIVATE / SHARED** (circle)

#IS YOUR PROPERTY NEAR / ON A BUSY ROAD _____ HOW BUSY _____

IS THERE A CAT FLAP FITTED IN YOUR PROPERTY **YES / NO**

#IS THERE ANY BABIES EXPECTED IN THE HOUSEHOLD IN THE NEXT FEW YEARS _____

ARE YOU LIKELY TO CHANGE JOBS IN THE NEXT FEW YEARS _____

HOW MANY PEOPLE WILL BE LIVING AT THE PROPERTY ADULTS _____ (OVER 18 YEARS OLD)

#AGES OF CHILDREN LIVING AT PROPERTY _____

AGES OF CHILDREN WHO VISIT REGULARY _____ HOW OFTEN _____

#ARE YOU GOING AWAY FOR ANY REASON IN THE NEXT FEW MONTHS _____

#WHERE WILL THE CAT STAY WHILE YOU ARE AWAY / ON HOLIDAY _____

WILL YOU BE WILLING TO TAKE OUT PET INSURANCE **YES / NO / MAYBE** (CIRCLE)

#HAS ANYONE OR IS ANYONE ALLERGIC TO CATS IN THE HOUSEHOLD **YES / NO**

GIVE DETAILS:- _____

HAVE YOU OWNED A CAT BEFORE, IF SO WHAT BREED _____

#DO YOU CURRENTLY HAVE ANY ANIMALS PLEASE LIST (SPECIES / AGE / SEX) _____

ARE THEY **NEUTERED YES / NO** WHEN WHERE THEY **LAST VACCINATED** _____

HAVE YOU EVER HAD A CAT WITH BEHAVIOURAL PROBLEMS, IF SO WHAT _____

HOW DID YOU DEAL WITH THE PROBLEM _____

HOW WOULD YOU DEAL WITH A CAT THAT HAS A BEHAVIOURAL PROBLEM _____

HOW WOULD YOU DEAL WITH A CAT THAT DEVELOPES A BEHAVIOURAL PROBLEM _____

HOW IMPORTANT IS IT THAT THE CAT LIKES TO BE HANDLED _____

#ON AN AVERAGE DAY HOW LONG WILL THE CAT / KITTEN BE LEFT _____

WOULD YOU PREFER YOUR CAT TO LIVE **INDOORS / OUTDOORS / BOTH**

NAME OF VETERINARY PRACTICE _____

WHAT BREED OF CAT / KITTEN ARE YOU LOOKING TO ADOPT _____

WHAT AGE _____ WHAT SEX _____

NAME OF CAT YOU ARE INTERESTED IN _____